Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

Volume 34 MARCH 1953 *Number 3*

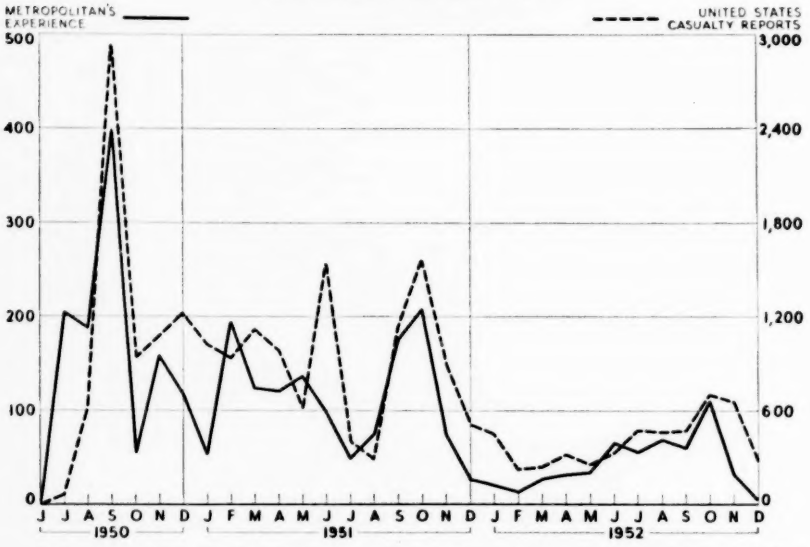
Deaths Among Military Personnel

BATTLE deaths among Americans in the Korean War were heaviest during the first three months of fighting, when the enemy exploited the advantage of his surprise attack. This may be seen in the chart on page 2, which shows the monthly trend of deaths from enemy action among military personnel insured in the Metropolitan Life Insurance Company and the corresponding losses for the total armed forces reported by the Department of Defense. Among the insured, about one quarter of the deaths from enemy action up to the end of last year took place from July through September of 1950, a somewhat larger proportion than for the armed forces as a whole. Thereafter, the losses fluctuated rather widely, especially during 1951, which had two peak periods. The first, in February, reflected the Allied counteroffensive after the Chinese entered the war; the second peak, in autumn, reflected the bitter fighting for Heartbreak Ridge. Battle deaths during the early months of 1952 were at the lowest level of the war.

About four fifths of the deaths from enemy action up to the close of 1952 were among Army personnel, according to the records of both the Metropolitan and the Department of Defense. The Marine Corps accounted for about one sixth of such battle deaths, and the Navy and Air Force each for about two percent.

Most of the battle deaths among military personnel in the Korean War, as in World War II, were among young men. Official data on age at death in the present conflict are lacking. Special interest, therefore, attaches to the information on this point available from the Metropolitan's insurance experience, even though the age distribution of policyholders in military service may be somewhat different from that of the armed forces as a whole. As Table 1 shows, the concentration of battle deaths at the younger ages is particularly marked in the present conflict. This is largely a consequence of the exemption from military service of many older men because of their participation in World War II. Of the Korean battle deaths among policyholders, about 27 percent were at ages under 20, or more than twice the proportion in the earlier conflict. On the other hand, in the present war only 17 percent of the deaths from enemy action occurred at ages

Number of Deaths from Enemy Action in Korean War
Military Personnel Insured in the Metropolitan Life Insurance Company
Compared with Total Armed Forces as Reported by Department of Defense
June 1950 to December 1952



Note: The scale on the left relates to the Metropolitan experience and the one on the right to the losses for the total armed forces.

25 and over, as compared with 40 percent in World War II.

Aviation accidents constitute an exception to this general pattern; up to the end of last year about 60 percent of the deaths in such mishaps occurred at ages 25 and over, or twice the proportion in World War II. About one half of the lives lost in aviation accidents occurred outside of Korea. In this connection it is pertinent to note that the Metropolitan's experience includes all deaths among military personnel insured in the Company, whether in Korea or elsewhere.

Enemy action accounted for about three fifths of all deaths among military personnel in this insurance experience (see Table 2). Nearly one third of the deaths were attributed to accidents of various types and the remaining small proportion to disease. Analysis of the mortality by branch of service shows that battle deaths constituted 75 percent of all fatalities in the Army and 80 percent in the Marine Corps, but for less than 10 percent of the total in the Navy or the Air Force. As might have been expected, aviation accidents were responsible for a higher proportion of the losses among Air Force personnel, accounting for more than one half of the deaths from all causes, and for more than six times as many lives as enemy action. Nonbattle injuries other than aviation

accidents constituted almost one third of the deaths in the Air Force. This insurance study shows that Navy personnel also suffered a relatively heavy death toll from aviation accidents, such fatalities accounting for one quarter of the total. Nonbattle injuries other than aviation accidents were also an important cause of death among the insured Navy personnel, accounting for over one half of the deaths. Official reports on mortality by cause for the Navy and Marine Corps combined show a parallel experience.

In the first two and a half years of the Korean War, there were only 301 deaths from disease among military personnel insured in the Metropolitan, less than one fifth the number killed by nonbattle injuries. This is a remarkably low toll considering the poor sanitary conditions in Korea, the severity of the climate, and the relatively large number of men exposed in that area. Not a single death in this experience was reported from typhoid fever or dysentery; only one death was attributed to influenza and two to diarrhea and enteritis. The leading causes of death were the cardiovascular-renal diseases and the malignant neoplasms, a situation reflecting in part the fact that this experience includes deaths among military personnel at home as well as among those overseas.

The low mortality among our armed forces since the outbreak of the Korean War reflects not only the effectiveness of the medical services in preventing and treating dis-

TABLE 1—DEATHS AMONG MILITARY PERSONNEL BY AGE AND CAUSE METROPOLITAN LIFE INSURANCE COMPANY EXPERIENCE* DURING KOREAN WAR AND WORLD WAR II†

AGE PERIOD, YEARS	ALL CAUSES		ENEMY ACTION		AVIATION ACCIDENTS		NONBATTLE INJURIES EXCEPT AVIATION		DISEASE	
	Korean War	World War II	Korean War	World War II	Korean War	World War II	Korean War	World War II	Korean War	World War II
All Ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
15-19	21.6	12.2	26.5	12.7	6.0	8.5	18.3	13.8	11.3	10.1
20-24	54.1	47.0	56.8	47.2	34.5	60.8	58.7	41.4	43.5	32.9
25-29	13.2	25.7	10.6	26.4	31.9	24.8	12.1	24.2	12.0	22.5
30-34	6.9	10.1	4.4	10.1	22.8	4.0	6.2	12.4	8.6	14.6
35-39	2.3	3.7	1.1	3.1	3.2	1.3	2.6	6.1	10.3	9.4
40-44	1.3	.7	.6	.3	.8	.3	1.6	1.5	8.3	4.7
45 and over	.6	.6	—	.2	.8	.3	.5	.6	6.0	5.8

*All types of Life insurance (Industrial, Ordinary, and Group).

†Korean War, from June 25, 1950, to December 31, 1952; World War II relates to period from December 7, 1941, to December 31, 1945.

TABLE 2—DEATHS AMONG MILITARY PERSONNEL BY CAUSE AND BRANCH OF SERVICE
METROPOLITAN LIFE INSURANCE COMPANY EXPERIENCE*
JUNE 25, 1950 TO DECEMBER 31, 1952

CAUSE OF DEATH	ALL BRANCHES†		ARMY		MARINE CORPS		NAVY (EXCLUDING MARINES)		AIR FORCE	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All Causes—Total	4,875	100.0	3,142	100.0	646	100.0	482	100.0	594	100.0
Enemy action	2,983	61.2	2,363	75.2	518	80.2	45	9.3	50	8.4
Nonbattle injuries	1,591	32.6	609	19.4	110	17.0	368	76.4	500	84.2
Aviation accidents	496	10.2	45	1.4	16	2.5	118	24.5	316	53.2
Others	1,095	22.4	564	18.0	94	14.5	250	51.9	184	31.0
Disease	301	6.2	170	5.4	18	2.8	69	14.3	44	7.4

*All types of Life insurance (Industrial, Ordinary, and Group).
†Includes 11 deaths unknown as to service.

ease but also the measures taken to save the lives of men wounded in action. The latter include excellent medical organization in the area of battle operations; rapid emergency treatment, including the use of whole blood; prompt evacuation by air to well equipped hospitals in Japan; and the skilled application of the latest medical and surgical techniques. The Army Medical Service has reported that the mortality among the wounded reached for treatment was only about 2 percent, or approximately half that in World War II.

Large Postwar Saving in Lives

THERE were about 200,000 fewer deaths in our country in 1950 than would have occurred if the death rate of 1945 had continued unchanged. This is an outstanding achievement in life conservation for so brief a period and is attributable largely to the rapid advances in medical science, the steady rise in the general standard of living, and improved safety measures. If the mortality of 1945 by age, sex, and color had prevailed in 1950, the year would have seen almost 1,657,000 deaths, in place of the 1,452,454 actually recorded.

This large gain in a single year reflects the decline in mortality from many diseases and various types of injury. However, most of the saving in lives is accounted for by a relatively few causes of death, as may be seen in Table 1. Surprisingly, the cardiovascular-renal diseases head the list with respect to the number of lives saved. Instead of the 720,603 deaths from these conditions in our country in 1950, there would have

been 771,614 such deaths if mortality had continued at the 1945 level. Thus, the actual deaths were about 51,000 less than the expected. This saving from the cardiovascular-renal diseases amounts to one quarter of the total saving in lives, and results for the most part from the reduction in mortality among women.

Rapid progress in the control of the communicable diseases since 1945 has contributed substantially to savings in current mortality. Without this improvement there would have been at least 25,000 additional deaths from pneumonia and influenza among us in 1950 and almost the same number more from tuberculosis. The magnitude of these savings is even more striking when related to the actual number of deaths recorded for 1950. Thus, under the situation five years earlier there would have been over 50 percent more deaths from pneumonia and almost 75 percent more deaths from tuberculosis.

Also significant in the column of lives saved in Table 1 is the figure for accidents, amounting to somewhat over 20,000. Almost all of this gain was from mishaps other than those involving motor vehicles.

There is also a residual group in the column of savings representing all the causes of death other than those specifically mentioned in the table. This miscellaneous group contributed about 40 percent to the total savings.

TABLE 1—RECORDED DEATHS FROM SPECIFIED CAUSES IN 1950 COMPARED WITH EXPECTED ON THE BASIS OF MORTALITY IN 1945. UNITED STATES

CAUSE OF DEATH	DEATHS IN 1950		LIVES SAVED IN 1950 BY DECREASE IN MORTALITY SINCE 1945	LIVES LOST IN 1950 BY INCREASE IN MORTALITY SINCE 1945
	RECORDED	EXPECTED ON BASIS OF MORTALITY IN 1945*		
All Causes	1,452,454	1,656,889	204,435	
Cardiovascular-renal diseases†	720,603	771,614	51,011	
Pneumonia and influenza	47,120	72,903	25,783	
Tuberculosis—all forms	33,959	58,708	24,749	
External causes	116,255	138,216	21,961	
Suicide	17,145	17,203	58	
Homicide‡	7,861	9,055	1,194	
Accidents—all forms	91,249	111,958	20,709	
Cancer—all forms**	199,351	197,022		2,329
Respiratory system	21,219	14,817		6,402
Other sites	178,132	182,205	4,073	
All other causes	335,166	418,426	83,260	

*According to age, sex and color. Figures are adjusted for changes in classification from the Fifth to the Sixth Revisions of the International List of Causes of Death.

†Includes vascular lesions affecting central nervous system, diseases of the heart, and nephritis (all forms).

‡Excludes executions.

**Excludes Hodgkin's disease, leukemia, and aleukemia.

Source: Reports from the National Office of Vital Statistics for actual deaths in 1950 and for mortality rates in 1945.

TABLE 2—RECORDED DEATHS IN 1950, BY SEX AND AGE COMPARED WITH THE EXPECTED ON THE BASIS OF MORTALITY IN 1945. UNITED STATES

AGE	MALES			FEMALES		
	DEATHS IN 1950		LIVES SAVED IN 1950 BY DECREASE IN MORTALITY SINCE 1945	DEATHS IN 1950		LIVES SAVED IN 1950 BY DECREASE IN MORTALITY SINCE 1945
	RECORDED*	EXPECTED ON BASIS OF MORTALITY IN 1945		RECORDED*	EXPECTED ON BASIS OF MORTALITY IN 1945	
All Ages	827,749	930,636	102,887	624,705	726,253	101,548
Under 1	59,792	74,882	15,090	44,135	56,073	11,938
1- 4	10,073	14,360	4,287	8,093	11,762	3,669
5-14	8,778	12,843	4,065	5,843	8,677	2,834
15-24	18,352	34,250	15,898	9,975	15,424	5,449
25-34	25,140	42,299	17,159	17,372	25,282	7,910
35-44	45,452	57,216	11,764	31,565	41,190	9,625
45-54	92,452	102,873	10,421	55,780	65,927	10,147
55-64	160,578	165,898	5,320	93,801	105,254	11,453
65-74	198,612	208,697	10,085	143,970	164,307	20,337
75 and Over	208,520	217,318	8,798	214,171	232,357	18,186

*Deaths of unknown age distributed prorata within each color-sex group.

Source of basic data same as in Table 1.

Of the major causes of death, cancer (all forms) alone showed a greater number of lives lost in 1950 than might have been expected on the basis of mortality five years earlier. The recorded figure was about 2,300 greater than the expected. However, when cancer of the respiratory system and cancer of other sites are considered separately, contrary trends present themselves. For cancer of the respiratory system, the actual deaths were just about 6,400 greater than those expected on the basis of mortality in 1945. On the other hand, for cancer of the other sites there were nearly 4,100 fewer deaths than expected.

Men and women shared about equally in the number of lives saved, as Table 2 indicates. Marked differences by sex appear, however, when the data are examined according to age. Males had much the better record at every age period under 55 years; beyond that age, however, the savings in lives for females were more than twice those for males. Relative to the number of deaths actually reported in 1950, the greatest gains occurred at the early adult ages, with males showing to advantage over females. This advantage for males reflects largely their considerably greater reduction in mortality from accidents and tuberculosis. Females, on the other hand, did very much better than males with respect to the cardiovascular-renal conditions and cancer, diseases which take their heaviest toll of life at the older ages.

Further Gains Against the Common Childhood Diseases

MARKED progress continues to be made in our country against measles, whooping cough, diphtheria, and scarlet fever. Although some of these diseases are still leading causes of illness among infants and children, the mortality from all of them has been sharply reduced. The pertinent facts are clearly brought out in the chart and in the table below.*

Measles has by far the highest recorded incidence of all the communicable diseases of childhood. The case rate from the disease has changed relatively little between 1940-41 and 1951-52, showing a decline of only 13 percent, compared with a 55 percent reduction in the death rate. Part of the decline in very recent years is due to the use of gamma globulin to provide passive immunity in infants and sick children exposed to the disease. As yet, no method of active immunization has been developed. Currently, one fourth of all deaths from measles are recorded among infants and a slightly lower proportion in the second year of life.

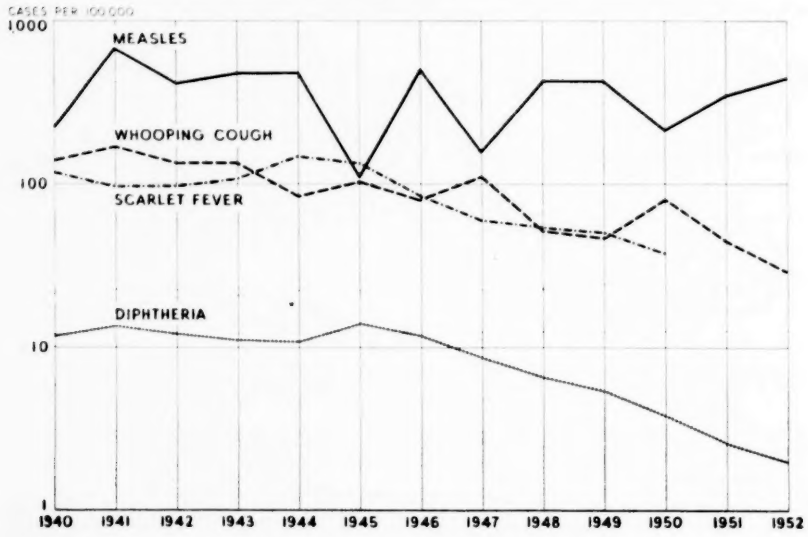
The downward trend in the incidence of whooping cough has been greatly accelerated in recent years, and both reported cases and deaths are now at all-time low levels. This favorable record reflects primarily increased use of immunization against the disease in early infancy. It is notable that not a single death from whooping cough was reported in New York City during all of 1952. Unlike the situation in the other communicable diseases, temporary passive immunity to whooping cough is not transmitted by mothers to their infants, and when the disease occurs among the very young it presents a serious medical problem. Approximately three fourths of the deaths from whooping cough occur among babies under 1 year of age. It still claims more infant lives in this country than the three other communicable diseases combined.

Somewhat in contrast with the other diseases, diphtheria has shown a parallel decline in morbidity and mortality, both having decreased a little more than 80 percent between 1940-41 and 1951-52. The disease still causes several hundred deaths each year in the United States, although potent measures are available for its prevention and treatment. The fatalities are most frequent at the preschool ages, but an increasing proportion of them are occurring at adult ages, even though at these ages too the death rate has been reduced. In 1949, the latest year for which details are available, 15.2 percent of the deaths from diphtheria were recorded at ages 25 and over, compared with 8.7 percent in 1940.

Scarlet fever is still a common

*In interpreting these data it must be kept in mind that case reporting of communicable diseases is far from complete. While there is some variation between the diseases in this respect, the degree of incompleteness is apparently fairly constant from year to year. The chart, therefore, gives a good indication of the trend of incidence, although not of the actual level.

Incidence of the Principal Communicable Diseases of Childhood
Reported Cases per 100,000 Population at All Ages. United States, 1940-1952*
(Semilogarithmic chart)



*For scarlet fever through 1950; since then figures are available only for the aggregate "scarlet fever and streptococcal sore throat."

Note: See footnote on page 7 regarding interpretation of the case rates.

disease among infants and children, but the recorded incidence in late years has fallen off. The disease tends to be mild, and deaths are extremely few. Far more dangerous to infants and children are other streptococcal infections.

The very substantial decrease in the mortality from the children's diseases in the past decade has yielded large savings of life, particularly since the child population has increased rapidly. If the death rates of a decade earlier had prevailed, in the past two years alone there would have been nearly 19,000 deaths from the principal communicable diseases of childhood, as against approximately 3,400 which actually occurred. About half of the total saving in lives is accounted for by the reduced mortality from whooping cough.

Recent progress against these diseases may be attributed to a number of factors in addition to those already mentioned. Of prime importance has been the control of secondary complications through the use of the sulfa drugs and the antibiotics, some of which are effective also against the organisms of certain of the diseases. Another major factor is believed to be better resistance by infants and children as a result of their greatly improved health and nutri-

PRINCIPAL COMMUNICABLE DISEASES OF CHILDHOOD
REPORTED CASES AND DEATHS PER 100,000 POPULATION AT ALL AGES
UNITED STATES, 1940-1941 AND 1951-1952

DISEASE	ANNUAL CASE RATE			ANNUAL DEATH RATE		
	1940-41	1951-52	PERCENT DECLINE	1940-41	1951-52*	PERCENT DECLINE
Measles	446.4	390.6	13	1.1	0.5	55
Scarlet fever	107.4	44.0†	59	0.4	0.02†	95
Whooping cough	153.2	36.8	76	2.5	0.5	80
Diphtheria	12.7	2.3	82	1.1	0.2	82

*Estimated for each of the diseases except scarlet fever. †1949-1950.

tional levels. In some instances, as in whooping cough, the trend may in part reflect a shift toward an older age at attack. With the probable exception of scarlet fever, there appears to have been no change in the virulence of the causative organisms.

Despite the current low level of fatalities from the communicable diseases of childhood, further substantial reduction can be achieved. The campaign against the residual problem of the communicable diseases requires early immunization of all children against whooping cough and diphtheria, as well as the wider use of gamma globulin among infants exposed to measles and among other children for whom temporary protection is advisable. Early diagnosis, adequate medical and nursing care, and prompt hospitalization of severe cases can also save many lives, particularly among infants.

Educational Level Continues to Rise

THE educational attainments of the American people are advancing steadily, according to information made available by the 1950 Census of Population. Even though the number of people at ages 25 and over increased by about 12,800,000 between 1940 and 1950, the number without formal schooling declined from 2,800,000 to somewhat less than 2,185,000, or by 22 percent. On the other hand, the number of men and women with at least four years of college to their credit increased to 5,285,000, or by 55 percent. A good single measure of the educational progress in the decade is the median number of years of school completed, which advanced from 8.6 to 9.3 among adults aged 25 or older.

Every State in the Union shared in the improvement, as is evident from the table on page 10. The largest gains were made in the West, which as a whole had the best record at the beginning of the decade under re-

view. The West thus widened its lead over the other sections of the country. Washington advanced more than any other State, the median number of years of school completed increasing to 11.2 at ages 25 and over. Only slight gains were made in several of the Southern and Midwestern States, among them being Kentucky, West Virginia, Missouri, and the Dakotas.

Although both sexes raised their educational level between 1940 and 1950, females made the more rapid progress. For women the median years of school completed increased from 8.7 to 9.6, while men showed a rise from 8.6 to 9.0. According to the recent census, women have more formal education than men in every State except New York and New Jersey, where there is virtually no difference in the educational attainment of the two sexes.

The nonwhite people, who have always had less education than the white population, made substantial gains during the decade. Their median period of schooling at ages 25 and over rose from 5.8 to 6.9 years, compared with an increase from 8.7 to 9.7 years for white persons. The nonwhites, however, are still at a considerable disadvantage throughout the country, and particularly in the South and Southwest. In Mississippi, Arizona, and Louisiana, for example, the years of schooling for nonwhites is little more than half that for the white.

MEDIAN SCHOOL YEARS COMPLETED BY PERSONS 25 YEARS OLD AND OVER EACH STATE, 1950* AND 1940

STATE	1950	1940	STATE	1950	1940	STATE	1950	1940
UNITED STATES	9.3	8.6	West North Central			West South Central		
New England			Minnesota	9.0	8.7	Arkansas	8.3	7.9
Maine	10.2	9.0	Iowa	9.8	8.9	Louisiana	7.6	6.6
New Hampshire	9.8	8.8	Missouri	8.8	8.6	Oklahoma	9.1	8.6
Vermont	10.0	8.9	North Dakota	8.7	8.6	Texas	9.3	8.5
Massachusetts	10.9	9.0	South Dakota	8.9	8.7			
Rhode Island	9.3	8.5	Nebraska	10.1	8.9	Mountain		
Connecticut	9.8	8.7	Kansas	10.2	8.8	Montana	10.1	8.8
			South Atlantic			Idaho	10.6	9.0
Middle Atlantic			Delaware	9.8	8.7	Wyoming	11.1	9.2
New York	9.6	8.7	Maryland	8.9	8.2	Colorado	10.9	9.0
New Jersey	9.3	8.6	District of Columbia	12.0	10.3	New Mexico	9.3	8.3
Pennsylvania	9.0	8.5	Virginia	8.5	7.5	Arizona	10.0	8.7
			West Virginia	8.5	8.3	Utah	12.0	10.2
East North Central			North Carolina	7.9	7.3	Nevada	11.5	9.6
Ohio	9.9	8.8	South Carolina	7.6	6.7			
Indiana	9.6	8.7	Georgia	7.8	7.1	Pacific		
Illinois	9.3	8.7	Florida	9.6	8.6	Washington	11.2	9.1
Michigan	9.9	8.8				Oregon	10.9	9.1
Wisconsin	8.9	8.6	East South Central			California	11.6	9.9
			Kentucky	8.4	8.2			
			Tennessee	8.4	8.1			
			Alabama	7.9	7.1			
			Mississippi	8.1	7.2			

*Based on a 20-percent sample.

Source: United States Bureau of the Census, 1950 Census, Series P-B, "General Characteristics."

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES INDUSTRIAL PREMIUM-PAYING BUSINESS, WEEKLY AND MONTHLY COMBINED METROPOLITAN LIFE INSURANCE COMPANY

February 1953

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS				
	FEBRUARY		YEAR-TO-DATE		
	1953	1952	1953	1952	1951
All Causes—Total	736.7	676.2	718.3	707.6	687.1
Tuberculosis (all forms)	11.5	18.6	10.9	18.2	16.9
Tuberculosis of respiratory system	10.1	17.0	9.6	16.8	15.5
Syphilis	2.6	3.6	2.8	2.9	4.9
Communicable diseases of childhood	.3	.7	.3	.7	.5
Acute poliomyelitis	.3	.3	.8	.3	.4
Malignant neoplasms	129.9	120.0	126.3	124.3	118.6
Digestive system	46.3	46.3	45.3	47.4	45.8
Respiratory system	15.3	13.4	15.0	13.8	13.9
Diabetes mellitus	17.4	12.4	16.7	13.1	16.0
Diseases of the cardiovascular-renal system	376.1	350.0	371.4	366.7	357.5
Vascular lesions, central nervous system	71.3	73.3	72.2	76.7	68.3
Diseases of heart	278.6	249.3	274.6	263.5	262.5
Chronic rheumatic heart disease	16.3	13.6	16.0	13.9	14.0
Arteriosclerotic and degenerative heart disease	202.9	184.6	201.4	194.4	192.3
Hypertension with heart disease	46.5	41.2	44.4	44.5	44.5
Other diseases of heart	12.9	9.9	12.8	10.7	11.7
Hypertension without mention of heart	6.8	6.6	6.8	6.2	6.2
General arteriosclerosis	8.4	7.5	6.7	7.2	7.1
Nephritis and nephrosis	11.0	13.3	11.1	13.1	13.4
Pneumonia	26.7	17.5	22.3	19.9	18.0
Influenza	11.0	2.7	6.3	2.3	2.4
Ulcers of stomach and duodenum	4.6	5.2	4.4	5.3	4.9
Appendicitis	1.3	1.1	1.3	1.2	1.2
Hernia and intestinal obstruction	4.1	4.7	3.8	4.5	4.1
Gastritis, duodenitis, enteritis, etc.	2.2	3.0	2.2	3.1	2.6
Cirrhosis of liver	10.1	10.7	11.5	11.9	10.1
Complications of pregnancy, childbirth	1.6	1.5	1.5	1.2	1.7
Suicide	5.2	6.3	5.3	6.7	6.3
Homicide	2.5	2.3	3.0	2.7	2.4
Accidents—total	36.7	40.4	36.6	43.3	38.3
Motor vehicle	15.2	14.2	15.9	15.7	14.9
Home	7.6	7.7	7.5	8.4	8.4
Occupational (civilian)	3.3	3.0	2.9	3.8	3.4
War deaths—enemy action	1.6	2.2	1.6	2.8	6.8
All other causes	91.0	73.3	89.4	76.3	73.6

*The rates for 1953 and 1952 are provisional.

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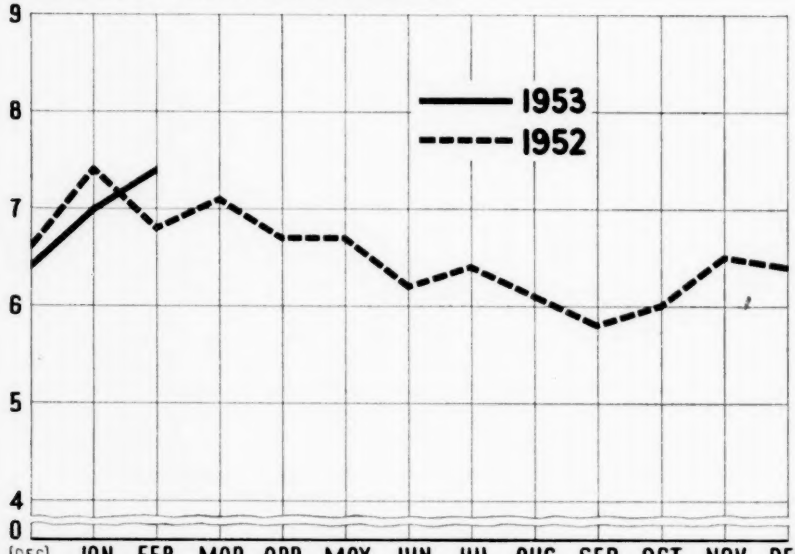
MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY • INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS • ANNUAL BASIS



	(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1952	7.4	6.8	7.1	6.7	6.7	6.2	6.4	6.1	5.8	6.0	6.5	6.4
1953	7.0	7.4										

1952 and 1953 figures are provisional

P.F.M.—PRINTED IN U.S.A.—42145—(3-53)